

**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Application Number		09/855,932
Filing Date		May 15, 2001
First Named Inventor		Tommy F. BROOKEY
Group Art Unit		1712
Examiner Name		Philip C. Tucker
Attorney Docket Number		1894-00733
Total Number of Pages in This Submission		

ENCLOSURES (check all that apply)

<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment (for an application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input checked="" type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s)	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <i>Copies of Two (2) Assignments; and Acknowledgement Postcard</i>
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Or Individual Name	LESLIE V. PAYNE
Signature	<i>Leslie V. Payne</i>
Date	September 4, 2002

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, D.C. 20231 on this date: September 4, 2002.			
Typed or Printed Name	CAROLYN NIVENS		
Signature	<i>Carolyn Nivens</i>	Date	September 4, 2002



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Approved for use through 10/31/2002. OMB 0651-0032
U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

PTO/SB/017 (10-01)

**COPY OF PAPERS
ORIGINAL FILED
FEE TRANSMITTAL
For FY 2002**

Patent fees are subject to annual revision.

TOTAL AMOUNT OF PAYMENT**\$ 110.00****Complete if Known**

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METHOD OF PAYMENT

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any overpayment to:
Deposit Account Number: 03-2769
Deposit Account Name: Conley, Rose & Tayon, P.C.
- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17
- ☐ Applicant claims small entity status. See 37 CFR 1.27

2. ☐ Payment Enclosed:
☐ Check ☐ Credit Card ☐ Money Order ☐ Other

FEE CALCULATION**1. BASIC FILING FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
101 740	201 370	Utility filing fee	\$
106 330	206 165	Design filing fee	\$
107 510	207 255	Plant filing fee	\$
108 740	208 370	Reissue filing fee	\$
114 160	214 80	Provisional filing fee	\$

SUBTOTAL (1) \$**2. EXTRA CLAIM FEES**

Total Claims	Extra Claims	Fee from below	Fee Paid
* -20** = *	x	18.00	= \$
Independent Claims	* 3** = *	84.00	= \$
Multiple Dependent		280.00	= \$ 00.00

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description
103 18	203 9	Claims in excess of 20
102 84	202 42	Independent Claims in excess of 3
104 280	204 140	Multiple dependent claim, if not paid
109 84	209 42	** Reissue independent claims over original patent
110 18	210 9	** Reissue claims in excess of 20 and over original patent

SUBTOTAL (2) \$

** or number previously paid, if greater; For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
105 130	205 65	Surcharge - late filing fee or oath	\$
127 50	227 25	Surcharge - late provisional filing fee or cover sheet	\$
139 130	139 130	Non-English specification	\$
147 2,520	147 2,520	For filing a request for <i>ex parte</i> reexamination	\$
112 920*	112 920*	Requesting publication of SIR prior to Examiner action	\$
113 1,840*	113 1,840*	Requesting publication of SIR after Examiner action	\$
115 110	215 55	Extension for reply within first month	\$
116 400	216 200	Extension for reply within second month	\$
117 920	217 460	Extension for reply within third month	\$
118 1,440	218 720	Extension for reply within fourth month	\$
128 1,960	228 980	Extension for reply within fifth month	\$
119 320	219 160	Notice of Appeal	\$
120 320	220 160	Filing a brief in support of an appeal	\$
121 280	221 140	Request for oral hearing	\$
138 1,510	138 1,510	Petition to institute a public use proceeding	\$
140 110	240 55	Petition to revive - unavoidable	\$
141 1,280	241 640	Petition to revive - unintentional	\$
142 1,280	242 640	Utility issue fee (or reissue)	\$
143 460	243 230	Design issue fee	\$
144 620	244 310	Plant issue fee	\$
122 130	122 130	Petitions to the Commissioner	\$
123 50	123 50	Petitions related to provisional applications	\$
126 180	126 180	Submission of Information Disclosure Stmt	\$
581 40	581 40	Recording each patent assignment per property (times number of properties)	\$
146 740	246 370	Filing a submission after final rejection (37 CFR § 1.129(a))	\$
149 740	249 370	For each additional invention to be examined (37 CFR § 1.129(b))	\$
179 740	279 370	Request for Continued Examination (RCE)	\$
169 900	169 900	Request for expedited examination of a design application	\$
Other fee (specify)		TERMINAL DISCLAIMER	\$110.00

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) \$110.00**NOTE: (\$110.00 Previously submitted on 5/3/02. Please apply the previous payment to the terminal disclaimer submitted herewith, if possible)****SUBMITTED BY**

Complete (if applicable)

Name (Print/Type)	LESLIE V. PAYNE	Registration No. (Attorney/Agent)	38,267	Telephone	(713) 238-8000
Signature				Date	September 4, 2002

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, D.C. 20231.